

PART ONE

BACKGROUND AND ADMINISTRATIVE INFORMATION ON THE PREPARATION, SUBMISSION AND REVIEW OF THE BLOCK GRANT APPLICATION/ANNUAL REPORT

A. HISTORY AND PURPOSE

A.1 Title V Maternal and Child Health Services Block Grant (Title V)

Title V of the Social Security Act has operated as a Federal-State partnership for over 65 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children. Now the Title V Federal-State Partnership provides for a dynamic program to improve the health of all mothers and children, including children with special health care needs.

Title V of the Social Security Act has been frequently amended in ensuing years, to reflect the expansion of national interest in maternal and child health and welfare. When the Title V program was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981, seven categorical programs were consolidated into a single block grant: Maternal and child health and services for children with special needs (Title V of the Social Security Act); supplemental security income for children with disabilities (sec. 1615(c) of the Act); lead-base paint poisoning prevention programs (sec. 316 of the Public Health Service (PHS) Act); genetic disease programs (sec. 1101 of the PHS Act); sudden infant death syndrome programs (sec. 1121 of the PHS Act); hemophilia treatment centers (sec. 1131 of the PHS Act); and adolescent pregnancy grants (Public Law PL 95-626). Title V Block Grant provisions in the Omnibus Budget Reconciliation Act (OBRA) of 1989 made significant changes to Title V. The requirements were prescriptive and placed heavy emphasis on planning, accountability, and systems development at both the Federal and State levels. These requirements for accountability provide an advantage to the Federal and State Block Grant partners in being able to respond to new requirements for accountability under the Government Performance and Results Act (GPRA) Public Law 103-62. The guidance provides for a system of national and State performance measures that will provide the basis for setting annual targets for performance and reporting on the extent to which they are achieved. They also called for increased leadership and programmatic responsibilities at the Federal level, especially in the area of national policy development and policy coordination.

In 1996, PL 104-193 created a new section 510 of Title V establishing a separate program for abstinence education.

A.2 The Block Grant to States Program [Section 505 (a)(1)(A-D)]

Title V authorizes appropriations to States to improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary under the Public Health Service Act for the year 2010. Title V enables States to address the following requirements of OBRA 89;

- to provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;
- to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (*the Supplemental Security Income Program*), to the extent medical assistance for such services is not provided under Title XIX (*Medicaid*); and
- to provide and to promote family-centered, community-based, coordinated care including care coordination services, for children with special health care needs and to facilitate the development of community based systems of services for such children and their families.

A.3 The Maternal & Child Health Bureau

The Maternal and Child Health Bureau (MCHB), which administers Title V, is a component of the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (DHHS).

In addition to administering the Maternal and Child Health Block grant, MCHB is also responsible for two programs authorized under the Public Health Service Act: Healthy Start, a targeted infant mortality reduction initiative begun in 1991 and

the Emergency Medical Services for Children program, enacted in 1984. A new Section 510 of Title V, Separate Program for Abstinence Education, was added in 1996.

The Maternal and Child Health contacts in the 10 Regional Offices of DHHS/HRSA are the Bureau's first line of communication with States and Communities, consulting and working closely with States and groups interested in providing a wide range of maternal and child health programs and developing community-based service systems. Each Regional Office has a Maternal and Child Health Regional Program Consultant (RPC) who serves as the program contact with the Central Office. In MCHB's central office, the Division of State and Community Health (DSCH) has the administrative responsibility for the Block Grant to States Program.

B. LEGISLATIVE REQUIREMENTS

B.1 Who Can Apply for Funds [Section 505(a)(5)(F)(iv)]

The application and annual report shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during its development and after its transmittal.

B.2 Use of Allotment Funds [Section 504]

The State may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V. Related to technical assistance, the State should plan for and allot funds for two meetings each year for the Maternal and Child Health (MCH) and the Children with Special Health Care Needs (CSHCN) Directors. One of these meetings is the required face to face Block Grant Application/Annual Report review usually held in the appropriate regional office. This is particularly important because of the need to negotiate performance measures. The second, the Partnership Meeting, or the orientation for new MCH and CSHCN Directors is required and is held on alternate years in Washington, D.C., to update State MCH and CSHCN Directors on current legislation, implementation of recent legislation, and MCHB initiatives.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment. Other restrictions apply.

Of the Federal Title V allotment paid to a State, not more than 10 percent may be

used for administering the program.

B.3 Application for Block Grant Funds [Section 505]

An application must be submitted to MCHB each year that contains a statewide needs assessment (to be conducted every 5 years) that shall identify (consistent with the health status goals and national health objectives) the need for:

- preventive and primary care services for pregnant women, mothers, and infants up to age one;

- preventive and primary care services for children; and

- services for CSHCN [as specified in section 501(a)(1)(D) "family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families"];

and includes for each fiscal year:

- a plan for meeting the needs identified by the state-wide assessment; and

- a description of how the funds allotted to the State will be used for the provision and coordination of services to carry out the MCH program.

At least thirty percent of Federal Title V funds must be used for preventive and primary care services for children and at least thirty percent for services for CSHCN. Such services include providing and promoting family-centered, community-based, coordinated care (including care coordination services) for CSHCN and facilitating the development of community-based systems of services for such children and their families. The 30% requirement may be waived as specified in Section 505(b)(1-2). A request for waiver must be included in the application transmittal letter.

The State must maintain the level of funds being provided solely by such State for MCH programs at the level provided in fiscal year 1989. [Section 505(a)(4)].

Other requirements for allocating funds, charging for services, a toll-free hotline, and coordination of services with other programs are found in Section 505.

B.4 Reports [Section 506]

An annual report must be submitted to the MCHB each year in order to evaluate and compare the performance of different States assisted under this title and to assure the proper expenditure of funds. The report should include a complete record of the purposes for which funds were spent, the extent to which the State has met the goals and objectives it set forth, as well as the national health objectives, and the extent to which funds were expended consistent with the State's application.

The annual report shall include the following information:

The number of individuals served by the State under this title (by class of individuals),

The proportion of each class of such individuals which has health coverage; and,

The amounts spent under this title on each type of services, by class of individuals served.

Additional requirements are found in Section 506.

B.5 Administration of Federal and State Programs. [Section 509]

MCHB in HRSA is the organizational unit responsible for the administration of Title V. Within the Bureau DSCH has responsibility for the day to day operation of the Block Grant to States Program. Applicants may obtain additional information regarding business, administrative, technical and program issues by contacting the appropriate DHHS/HRSA Regional Office or:

Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18-31
Rockville, Maryland 20857
Telephone: (301) 443-2204 Fax: (301) 443-9354

Within the State, the State Health Agency is responsible for the administration (or supervision of the administration) of programs carried out with Title V allotments.

C. BLOCK GRANT APPLICATION AND ANNUAL REPORT PREPARATION AND SUBMISSION

C.1 Deadline for Application and Annual Report

The application is due by close of business on July 15 of each year unless States are otherwise notified.

C.2 Electronic Submission

The Application/Annual Report are to be completed using the Title V Information System Electronic Reporting Package (ERP). The ERP will include a copy of this guidance, a copy of the Title V law, narrative outlines with required tables and diagrams in standard word processing applications, and a database application for completing the required supporting documents of section 5.4, 5.6 and 5.8. The State must submit all narrative, charts, supporting documents, and exported ERP data files on one or more standard 3.5 inch floppy disk. Each disk should be clearly labeled with the State name, application year, and any special instructions for accessing the information. The disk(s) are to be accompanied by a hard copy

of the letter of transmittal and the signed original Application/Annual Report. One additional hard copy should be sent to the appropriate regional office.

C.3 General Information on Preparation and Submission

This guidance includes instructions and the necessary forms for the five year needs assessment application, the interim application, and the annual report, which are submitted as one document. For special instructions for the interim year applications, see Part Two, Figure 1.

The Application/Annual Report format for the Block Grant described in this document enables data on each State's needs, priorities, program activities, and performance and outcomes measures to be compiled and compared with information from other States. The Title V Information System (TVIS) has been developed to capture information from States' Block Grant Applications/Annual Reports. This relational database system is open to the public and allows easier and more accurate access to information such as State performance measures, budget figures, etc. It is important, therefore, that States be as accurate as possible with their data and follow carefully the organization and formatting instructions in this guidance or on the disk. The TVIS can be accessed on the World Wide Web at: <http://www.mchdata.net>.

All the headings in the Application/Annual Report Outline (Figure 1 in Part Two) are to appear, as written, in the body of the State's Application/Annual Report and in the Table of Contents. If there is no information that fits under a particular heading, include the heading in both the body and the table of contents anyway, and insert; "No material included." If the information relating to a particular heading is included under another heading, do not omit the heading but insert the title of the heading and the page number where the information can be found.

A Glossary of Terms is presented in Section 5.1. Definitions for most of the significant words, terms, and phrases used on the various forms in the Application/Annual Report may be found there. Where the State's definitions for programs, services, or other elements differ from those presented in the glossary, this should be made clear in the narrative of the Application/Annual Report.

All forms in section 5.4, 5.6, and 5.8 should be completed using the Title V Information Electronic Reporting Package (ERP) provided to the States.

If the State uses other supporting documents that are important to the narrative or to understanding the Application/Annual Report, place them in

supporting documents section 5.3. Other documents, which may not be duplicated for review but which you would like to provide to MCHB, should be attached as Appendices.

The Application/Annual Report must be concise, accurate, and complete in addressing the minimum requirements of both Title V and this guidance. The application should be typed on single-sided pages using double or 1.5 spaced lines and a 1 inch margin all around. Use at least a 10 point typeface except for footnotes which may be smaller. The narrative portion of the Application/Annual Report (Part Two, Sections I through IV) is limited to 125 pages.

By signing Form 1, the Application Face Sheet (standard Form 424), the State is certifying compliance with the Assurances and Certifications in Section 5.2. The face sheet should be signed in ink by the State health agency official accountable for Title V funds.

All pages of the Application/Annual Report narrative, are to be numbered consecutively. All Forms, Core Health Status Indicators, Developmental Health Status Indicators (when used), National and State Detail Sheets and Outcome Measure Detail Sheets are to be numbered consecutively starting with "SD1" (for Supporting Document page 1). All page numbers are to appear on the bottom center of each page.

C.4 Assembling and Mailing

The transmittal package is to include the disk(s) containing the application and annual report, one original hard copy version of the application and annual report and any special instructions for accessing the information. The document should be unbound and fastened with easily removable fasteners. Mail the application package to:

Grants Management Officer, MCHB
HRSA Grants Application Center
1815 N. Fort Meyer Drive
Suite 300
Arlington, VA 22209

One additional copy hard should be sent to the appropriate Regional Program Consultant in the Regional Office.

D. REVIEW CRITERIA

The formal Block Grant review of the State application and annual report follows the Application/Annual Report outline format. While these review criteria are not detailed, they represent guidelines to assure that the major areas in the statute are addressed. A program review is completed in the regional office, consisting of a face to face review with the Central and Regional office staff to (1) promote understanding of the State's program, (2) better resolve questions, (3) negotiate performance measurements, and (4) determine technical assistance needs for the next year.

D.1 Common Requirements for Application and Annual Report

All required information is completed - waiver request is included, if appropriate.

D.1.1 Assessment of the State Title V Agency

The State overview provides a clear understanding of the health characteristics of the State and its citizens. The MCH population's characteristics are well described and put into context with other health care services in the State.

The organization chart(s) place the Title V programs within the State Health Department, and relationships between CSHCN and specific MCH programs are clearly portrayed.

The State Title V program's capacity is described for each of the population groups.

State statutes are referenced and their purposes and scope briefly explained. Other human services agencies which serve the MCH population are described.

D.2 The Annual Report

All expenditure columns in Forms 3, 4, and 5 are completed. There is a description of any significant variations from year to year. Form 5 is particularly important because of its link to the narrative and to performance measures.

Assure that Forms 6, 7, 8, and 9 are completed; all cells are completed.

Form 10, the State Summary Profile is completed with adherence to the format.

There is a detailed description of program accomplishments, by levels of the pyramid, by each population subgroup. Each National and State performance

measure is fully discussed whether the target was met or not.

There is a clear discussion of the relationship between performance measures and outcome measures. All values for performance indicators in Forms 11 and 12 are completed.

D.3 The Application

D.3.1 Needs Assessment

This section provides a comprehensive and prioritized assessment of statewide needs for services to pregnant women and infants; children; and CSHCN arranged by the four levels of the pyramid.

The needs assessment methodologies reflect acceptable public health practices, and the approach is systematic, comprehensive and contains all elements and headings from the guidance. Barriers to services as well as health status trends are identified. The delivery systems in the State and related community-based system needs are presented in enough detail to allow the reviewer to understand the State's issues and concerns.

This section fully identifies the key programs, services, providers, coordinators and mechanisms through which services will be made available to, or directly provided to, the MCH and CSHCN population. A list of State priority needs with a brief description of each is present.

D.3.2 Health Status Indicators

This section describes the use and purpose of the "Core" and "Developmental" health status indicators. There should be some discussion of their influence on the development of the State priority needs.

Assure that Core Health Status Indicator Forms 1, 2, and 3 are completed; all cells are completed.

Developmental Health Status Indicator Forms 1 and 2 are not required to be completed. States are asked to attempt to provide the requested data and, failing that, to describe efforts to develop methods and systems to enable them to report on these indicators in the near future.

D.3.3 Budget Justification

The budget justification reflects how Federal support complements the State's total effort and what amounts will be utilized in compliance with the 30%-30% requirements. Other spending categories (administration and maintenance of effort) of Title V funds are maintained (Form 2). The budget describes how satisfaction of the required match is achieved. Form 5 is completed and any discussion noted. These data are important for meeting accountability requirements related to performance measures. Adequate discussion is included for significant year to year variations in budget or expenditures.

All budget and expenditures forms are fully completed.

D.3.4 Performance Measures

All National performance measure and outcome measure targets are completed for 5 years and the target values are appropriate.

State performance measures are described in detail including why the measure was chosen, its relationship to priority needs, and its relationship to outcome measures. They are understandable, measurable, practical, and complementary to National measures. They are described in the context of levels of the pyramid. The 5 year targets are completed for each State measure and the target values are appropriate.

D.4 The Annual Plan

The annual plan relates the priority needs, the National and State 5 year performance measures, and the capacity and resources of the State Title V Programs.

There is a detailed discussion of program activities by levels of the pyramid for each of the 3 population groups. All performance measures are discussed and placed in context.

Coordination activities are described.

The plan for public input is stated. .

The Technical Assistance form is completed.